

A-3B – ADMINISTRATIVE ORGANIZATION - PUBLIC AGENCIES, PARTNERSHIPS, SOLE PROPRIETOR, AND OTHER ASSOCIATIONS**PUBLIC AGENCY**1. Check type of public agency: ☐ County ☐ City ☐ Other, specify: _____

2. Agency providing service

Name: _____

Address: _____ City: _____ Zip Code: _____

Contact Person: _____ Title: _____ Telephone: _____

3. **Attach a copy of Resolution or other legal document authorizing this application****PARTNERSHIPS**1. **Attach a copy of the partnership agreement**

2. Partners	Type of Partnership	Name	Business Address City and Zip Code
1st Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
2nd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
3rd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
4th Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		

Contact Person: _____ Title: _____ Telephone #: _____

SOLE PROPRIETOR/OTHER ASSOCIATIONS

Sole Proprietors/other associations must also provide a list of all person(s) legally responsible for the organization, the contact person, and appropriate legal documents (fictitious name statement, business license) which set forth legal responsibility of the organization and accountability for opening the program. Use the following space or attach a separate sheet.